

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 1266-001	
--	--	--	--	--	---	--

CLAIMS AS FILED - PART I					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY		
(Column 1)		(Column 2)			RATE	FEE			RATE	FEE	
FOR	NUMBER FILED	NUMBER EXTRA									
BASIC FEE (37 CFR 1.16(a))											
TOTAL CLAIMS (37 CFR 1.16(c))	15	minus 20 =	*	0	x \$ 9 =	0	OR		x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2	minus 3 =	*	0	x =	0	OR		x =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+		OR		+		
					TOTAL	355	OR		TOTAL		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)	RATE	ADDI- TIONAL FEE			RATE	ADDI- TIONAL FEE
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA						
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ =	OR		x \$ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x =	OR		x =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+		OR		+
					TOTAL		OR		TOTAL	

(Column 1)		(Column 2)		(Column 3)	ADDIT. FEE		OR		ADDIT. FEE	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA						
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ =	OR		x \$ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x =	OR		x =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+		OR		+
					TOTAL		OR		TOTAL	

(Column 1)		(Column 2)		(Column 3)	ADDIT. FEE		OR		ADDIT. FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA						
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ =	OR		x \$ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x =	OR		x =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+		OR		+
					TOTAL		OR		TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.